

STATE OF ALABAMA)
)
MONTGOMERY COUNTY)

VOLUNTARY SURRENDER

I, Steven Wayne Powell, M.D., do voluntarily surrender my license to practice medicine or osteopathy in the State of Alabama, identified by license number MD.39044, under the provisions of Ala. Code § 34-24-361(g). I acknowledge that this action is taken by me while under investigation by the Alabama State Board of Medical Examiners (“Board”).

I acknowledge that I sign this document willingly, that I execute it as my free and voluntary act for the purposes herein expressed, and that I am of sound mind and under no constraint or undue influence. I understand that this surrender shall have the same effect as a revocation of my license, and I knowingly forfeit and relinquish all right, title, and privilege to practice medicine in the State of Alabama, unless and until such time as my license may be reinstated, in the discretion of the Board and Medical Licensure Commission.

I understand that I have a right to a hearing in this matter, and I hereby freely, knowingly, and voluntarily waive such right to a hearing. I also understand that both the Board and Medical Licensure Commission shall have access to any investigative file in this matter should I request reinstatement of my certificate of qualification and medical license, and that the Board has the right to contest my reinstatement. I understand that the Board may summarily deny any petition for reinstatement of my certificate of qualification for two (2) years from the effective date of this surrender. I further understand that upon applying for reinstatement, it shall be my burden to prove by sufficient evidence that I satisfy the criteria for reinstatement as provided for in the Board’s rules, which include, but are not limited to, demonstrating to the satisfaction of the Board that I am able to practice medicine with reasonable skill

and safety to patients.

I understand that this surrender shall become effective upon acceptance by the Board. I further acknowledge that this voluntary surrender constitutes a public record of the Alabama State Board of Medical Examiners and will be reported by the Board to the National Practitioner Data Bank (NPDB) and to the Federation of State Medical Boards. This voluntary surrender may be released by the Alabama State Board of Medical Examiners to any person or entity requesting information concerning the licensure status in Alabama of the physician named herein.

EXECUTED this 5th day of December, 2023.



STEVEN WAYNE POWELL, M.D.

Witnessed by:

(Print) Diann M Powell

(Sign)

